

Sumathipala<sup>1</sup> on the value of performing biopsies in genitourinary clinics.

We would like to share our experience at the Melbourne STD Centre. During the period August 1988 to October 1990, 53 biopsies were performed. The main indication for biopsy was atypical wart-like lesions. Of 27 such lesions biopsied 15 were confirmed as human papilloma virus infection, five were reported as seborrhoeic keratosis, four were Bowenoid papulosis, one scar tissue, one skin tag and one compound naevus. Although five of these patients were regular sexual partners of women with cervical intraepithelial neoplasia no cases of penile intraepithelial neoplasia were identified. More recently we have started doing HPV typing on these samples. Of three cases tested one was positive for HPV type 16/18, the other two were negative. Many patients with atypical lesions are very keen to know whether or not they have a virus which may put their sexual partners at the risk of developing cervical neoplasia. We were very happy to be able to reassure at least eight patients that they had no evidence of human papilloma virus infection and in four others with Bowenoid papulosis we were able to plan more definitive therapy and ensure careful follow up.

We had nine cases of Lichen sclerosus et atrophicus. Of these five had significant phimosis and were referred for circumcision. Two had severe ulceration which healed with conservative treatment.

There were three cases each of dermatitis and psoriasis, and two cases each of lichen planus and circinate balanitis. Both the pigmented lesions biopsied were reported as benign lentigo. The diagnosis was erythroplasia of Queyrat in one case and non specific changes were seen in four cases.

We have found biopsy to be a very useful and safe diagnostic tool in the venereologist's armoury.

S YOGANATHAN  
D S JACOBS  
Melbourne Sexually Transmitted  
Diseases Centre,  
364 Lt Lonsdale Street,  
Melbourne 3000,  
Australia

1 Arumanayagam JT, Sumathipala AHT. Value of performing biopsies in genitourinary clinics. *Genitourin Med* 1990;66:407.

## BOOK REVIEWS

**The Medical Management of AIDS.** Edited by MA Sande and PA Volberding. Philadelphia, Saunders (Pp 436; Price £30) 1990.

This book provides a great deal more than the title suggests. The contents are neither confined to AIDS nor to its medical management, with chapters on topics such as strategies for preventing HIV transmission, host immunological responses to HIV, and risks of occupational transmission comprising some of the best written reviews. Even the chapters on specific AIDS conditions include considerable background details of epidemiology, microbiology and the natural history of these diseases.

Although 41 authors contributed to this work, the style remains clear and well organised throughout. There is some inevitable repetition of some basic points, such as the discovery of HIV and the role of cells bearing CD4 receptors in the pathogenesis of infection. However, these are minor irritants in a generally well-written and eminently readable text on which the editors are to be congratulated.

Several features do serve as drawbacks to this book. Firstly, the overwhelming use of North American references with the exclusion of much (sometimes conflicting) work from elsewhere. Furthermore, transatlantic differences in the use of certain therapies (eg Foscarnet in CMV disease) are not acknowledged or discussed. Secondly, despite the preface note that the book had been published within only 6 months, the pace of change has resulted in a few obvious deficiencies, such as the role of steroids in the treatment of PCP. The solitary page of unremarkable colour illustrations at the front of the book could have been dispensed with to reduce the cost of the book without any effect on its quality.

Overall, this book provides a clear overview of the entire subject of HIV infection and AIDS which should appeal to a wide readership of all those wishing to update and close gaps in their knowledge of these conditions.

The numerous algorithms proposed for the investigation and therapy of early HIV disease, various clinical presentations and individual opportunistic infections are of particular interest and should stimulate thought and debate amongst all physicians involved in the care of patients with HIV infection and AIDS.

SIMON BARTON

**Promoting Safer Sex.** Edited by Maria Paalman (Pp 252; Price Dfl52.50). Amsterdam: Swets and Zeitlinger, 1990. ISBN 90-265-1012-0.

This is a book which should, at least in parts, interest all doctors and other health professionals in the field of sexually transmitted diseases. We all have the responsibility of trying to prevent the sexual transmission of HIV and other STDs. As such, we require some grounding in the arts of health promotion. This book, subtitled *Prevention of Sexual Transmission of AIDS and Other STD*, helps to provide this grounding. Anyone who is sufficiently interested to pick up the book will almost certainly find much that is already familiar, but also find other sections illuminating.

Maria Paalman has drawn together twelve formal presentations and summaries of twelve workshops from the First International Workshop on the prevention of STD and AIDS, held in The Netherlands in May 1989. (The Second International Workshop is being held in Cambridge in March 1991). Among the presenters were Jonathan Mann, Andre Meheus and Peter Piot. Topics covered in the presentations include "Screening and Case Finding in the Prevention and Control of STD's and HIV Infection", "The Role of Contact Tracing in Prevention", and "The Role of Community-based Organisations in AIDS and STD Prevention".

I was particularly interested in the presentation "Fear and Humour in Prevention Campaigns". The use of fear as a motivator for changing behaviour has apparently been seriously studied for the last 40 years.

Fear can be useful provided that five basic requirements are met. Chief among these is that "specific actions or behaviour to address the risk need to be recommended and people need to believe they can effectively implement the action or behaviour". This behaviour should then reduce the level of fear, and this should be felt as a reinforcement for the recommended behaviour.

Fear arousal has also been studied in the context of small groups and in one-to-one prevention programmes. Fear or anxiety-producing motivations work most often on people who are realistic about evaluating risks. These people are called copers. People who tend not to see or to deny a given risk are called avoiders. Fear generally doesn't work with them. Unfortunately, copers don't often enter into high-risk situations and avoiders do. So the avoiders, who are more likely to practice unsafe sex or share IV needles, do not respond well to fear messages. The discussion goes on to show why fear may in fact promote the unsafe practice, such as drug use, as a means of reducing this fear. On the positive side, Jo Kenny, from the Santa Cruz AIDS Project describes how humour can be useful when discussing sex and sexuality.

The workshops focus on different groups in society—for example, prostitutes, STD patients, IV drug users. Predictably a number of the sections draw attention to our lack of knowledge in these areas and the need for further research. At times this can be rather frustrating as the reader craves more in the way of solutions and suggested methods. To this end I was grateful that most of the presentations and workshops finished with a list of conclusions. Most of the sections are also well referenced so that this book could serve as a useful introduction to this difficult and under-researched field.

CHRIS CARNE

**Roses in December.** By Sydney M Laird. Braunton, Devon: Merlin Books Limited. (10 line drawings; 13 photographs. Pp 391; £13.95). 1990. ISBN 0-86303-518-3

Sydney Laird was brought up in his

father's practice at Kilmacolm. He developed a warm interest in people, growing concern with history and archaeology, and the Scottish love and respect for learning. These led him to Medicine and to stay in Venereology.

After a happy and active professional and family life he was devastated by the development of progressive macular dystrophy, by being placed on the Register of Blind Persons, being unable to read, to practise medicine, to follow hobbies or to drive. He overcame depression by typing his autobiography of which this is the second volume. It was a joint collaborative work with his doctor-wife Gwen because he could type, but not read even what he had typed.

In 1941 while an Army Major at Colchester, he very unusually took over civil clinics at Ipswich and Bury St Edmunds to facilitate his army work. Each centre that this doctor with wide interests worked at or visited is put in context with an attractive and discerning review of the development of the area and hospital, its present state and staff. For Ipswich he describes the Romans sailing up the Orwell, John le Blake who in 1271 made off with the original Domesday documents, and the first line-drawing shows the "Ancient House" in Butter Market.

On his second day at the East Suffolk and Ipswich Hospital he saw the redoubtable Secretary Arthur Griffiths. The list of alterations merited "I agree" and work was started next day. The request for filing cabinets was met with the address of a shop in Westgate Street, the bill to be sent to the Secretary. Administration is analysed here and later. He writes of the vital divorce of Dermatology from Venereology pioneered by RMB Mackenna.

His interest in people has led to perceptive accounts of staff at Ipswich and at each centre that he went to.

The second line-drawing is of King's College, Cambridge from the Backs near where he ate his packed lunch with enjoyment on sunny days. At Addenbrooke's tea with the Hospital Secretary was served on a silver tea service because he was a consultant. Acceptance came when his small waiting room was packed with large men of the Rugby team, just back from their tour of the Far East, coming for a check-up.

His interest in people led to staff

becoming valued colleagues. So at Ipswich Sister Irene Smith came for three months, stayed, and later went on the WHO project in Ceylon and then to the Manchester Royal Infirmary.

Characteristically the account of Manchester Royal Infirmary includes mention of Dr Roget (of Thesaurus fame) as well as later staff. Accounts are given of prostitution, male homosexuality, education of the general public and of school children. His own Penguin Special ("Venereal Diseases in Britain") had broken new ground in 1943. Descriptions of disease are brief and clear. He gives an account of blindness.

His last appointment in Bournemouth leads him to talk of Committees. Their cost must include their power for delaying improvement. The Salmon Committee was a disaster for all.

This book will particularly interest all working in sexually transmitted disease; anyone in East Anglia (notably at Ipswich or Addenbrooke's Hospitals), in the Bournemouth area or at the Manchester Royal Infirmary. It is perceptive, a delight to read and a major achievement.

EMC DUNLOP

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## NOTICES

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An International Course (BMC Summer Course) on "Tools in Research on Sexually Transmitted Diseases" (STDs, incl HIV/AIDS) will be held at Uppsala University, Sweden, on 14–25 August 1991. The course will be arranged in close collaboration with *WHO Coll Center for STDs and their Complications* and *Centre for STD Research* at Uppsala University. The course includes the following topics: epidemiological study tools, design and evaluation of aetiological, clinical and therapeutic studies, biostatistics, computer models, vaccine development, prevention and ethics. Participants will also take part in working groups on different topics. The faculty